

**FIG. 1**

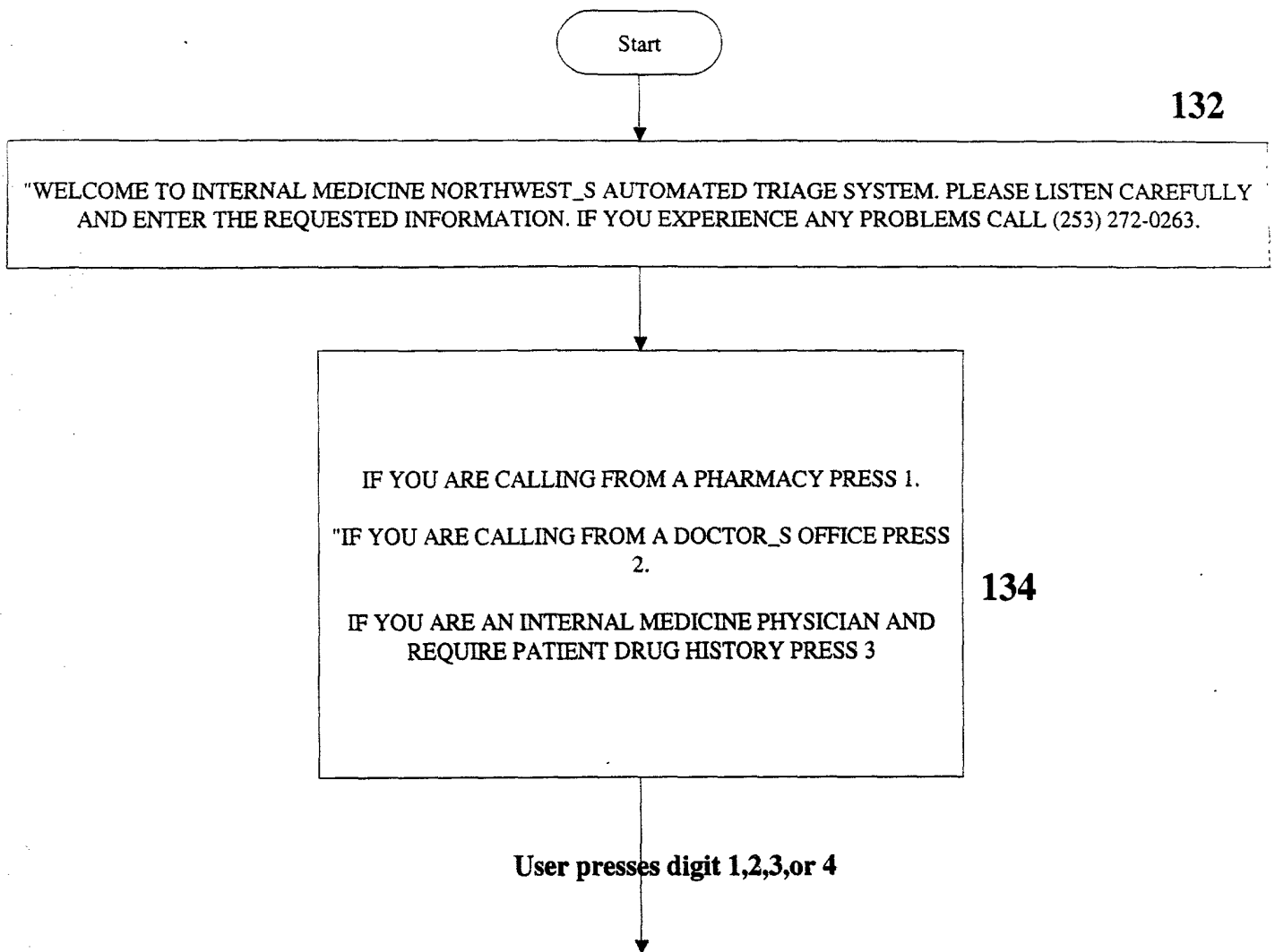


FIG. 2

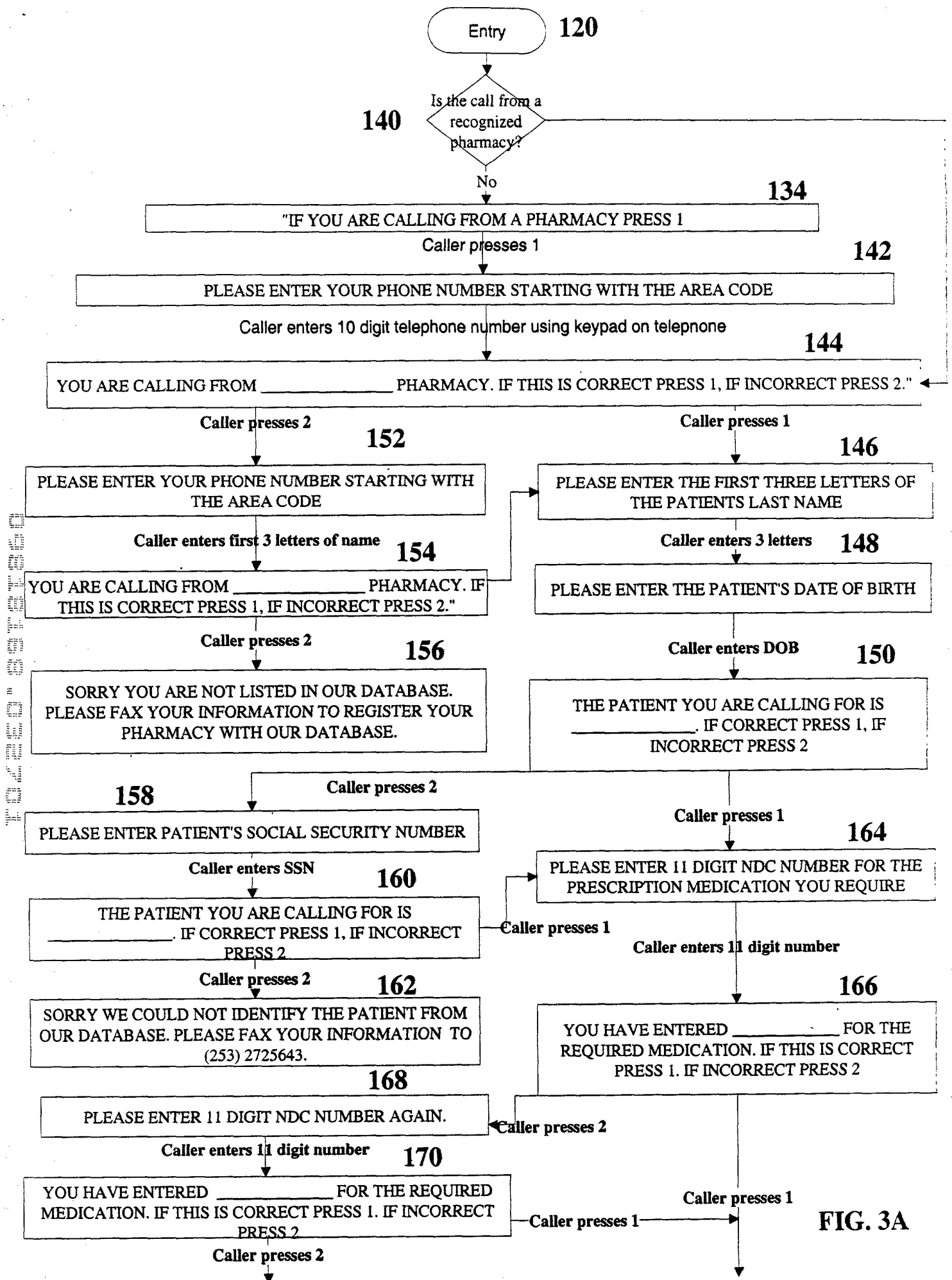
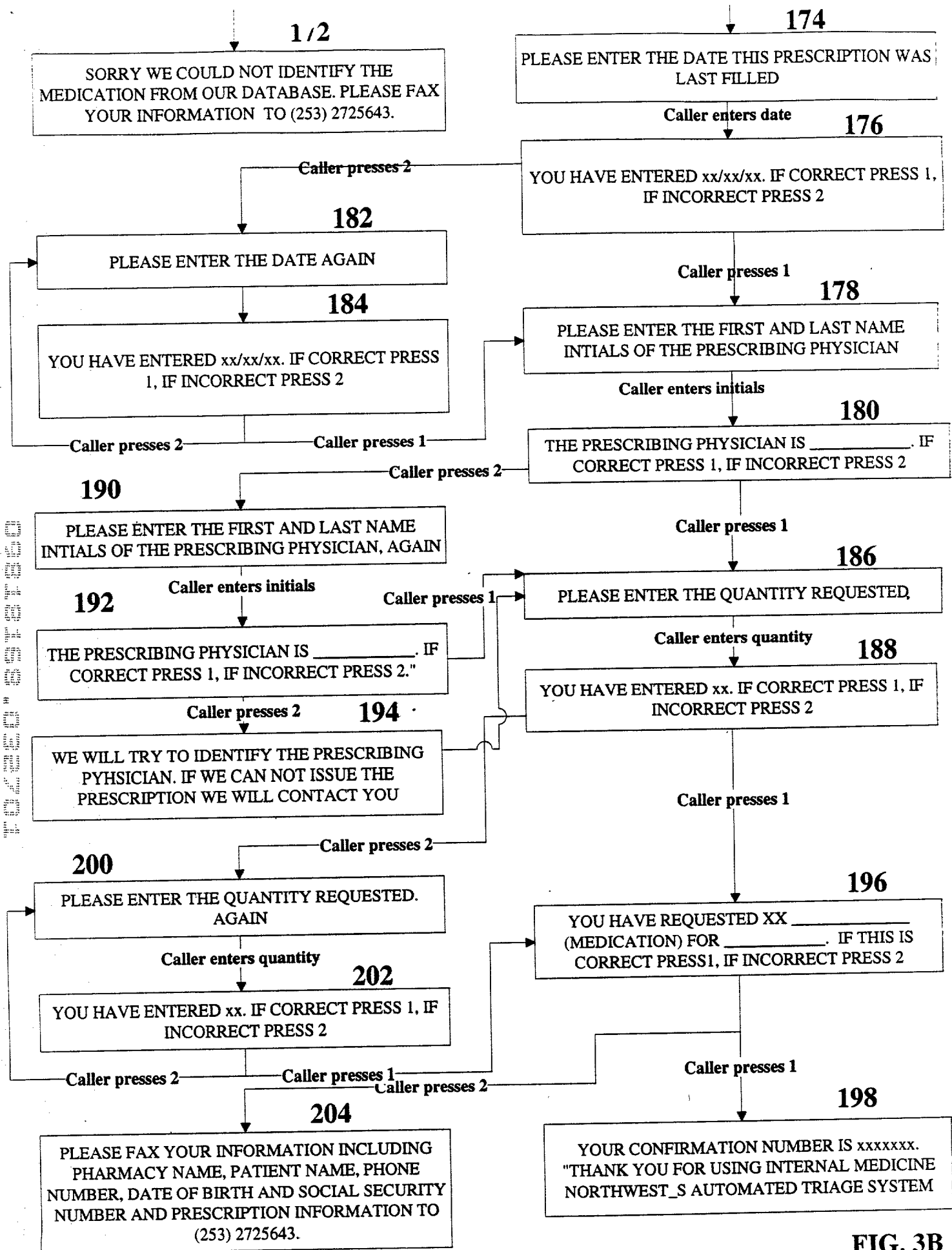


FIG. 3A



**FIG. 3B**

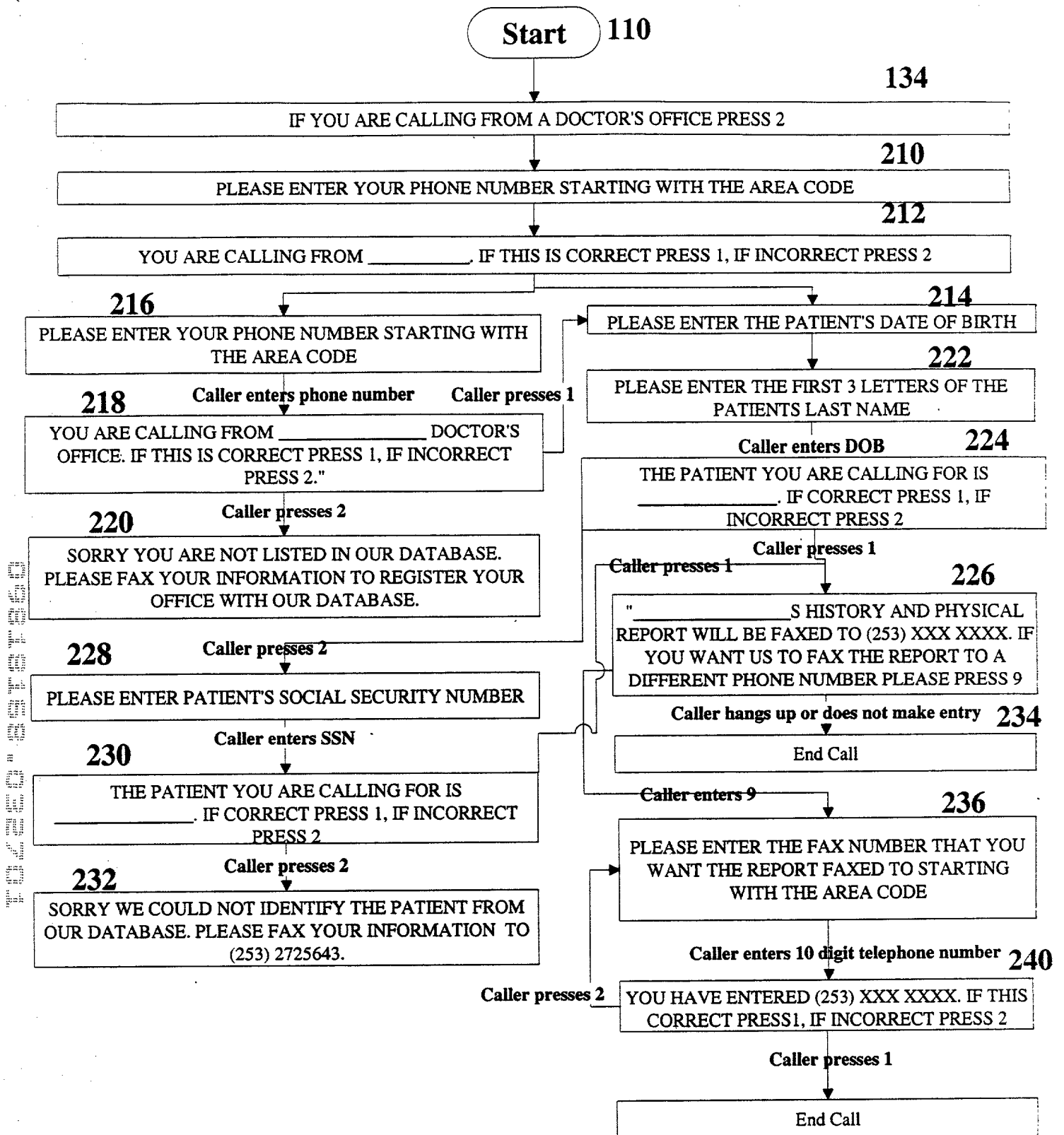


FIG. 4

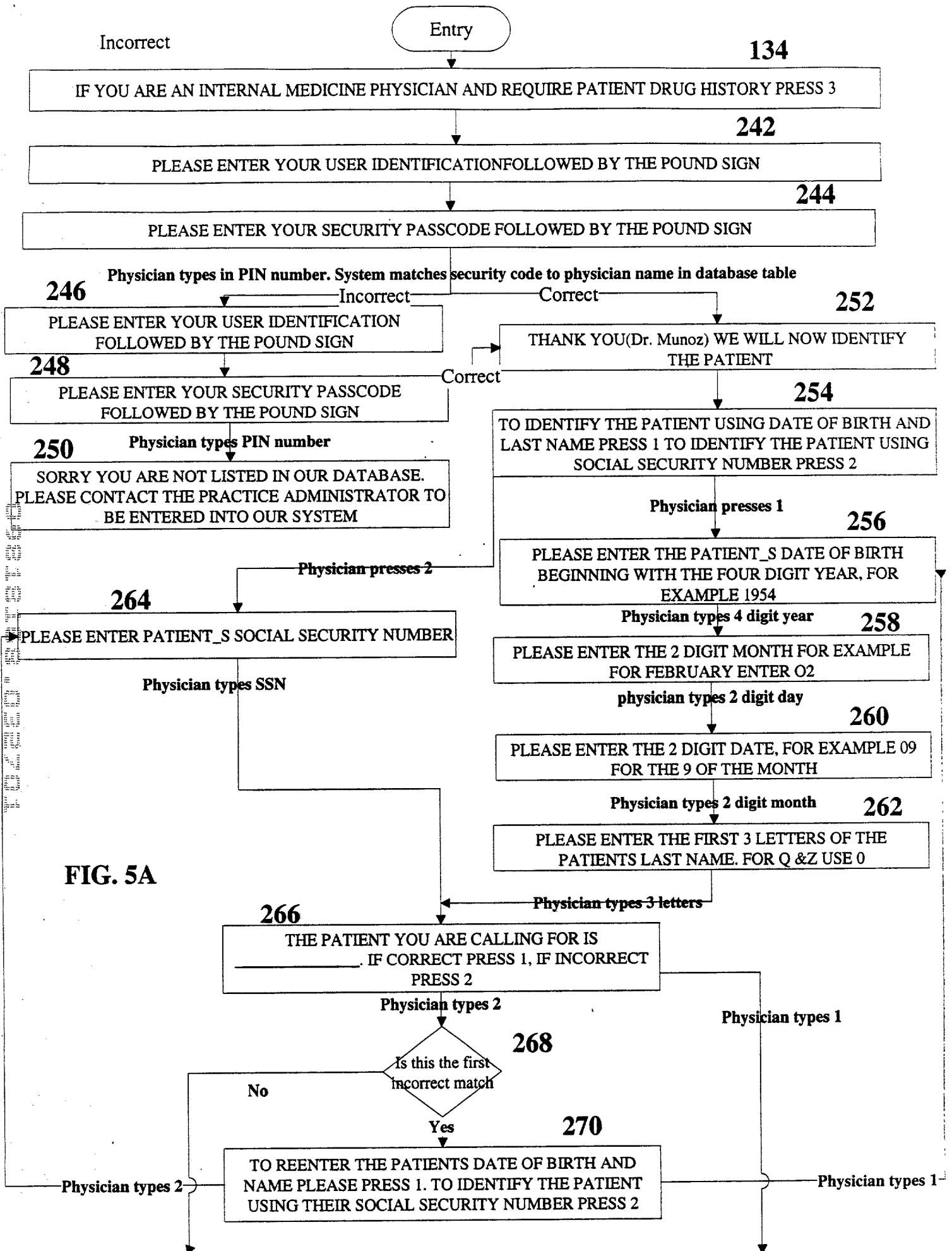
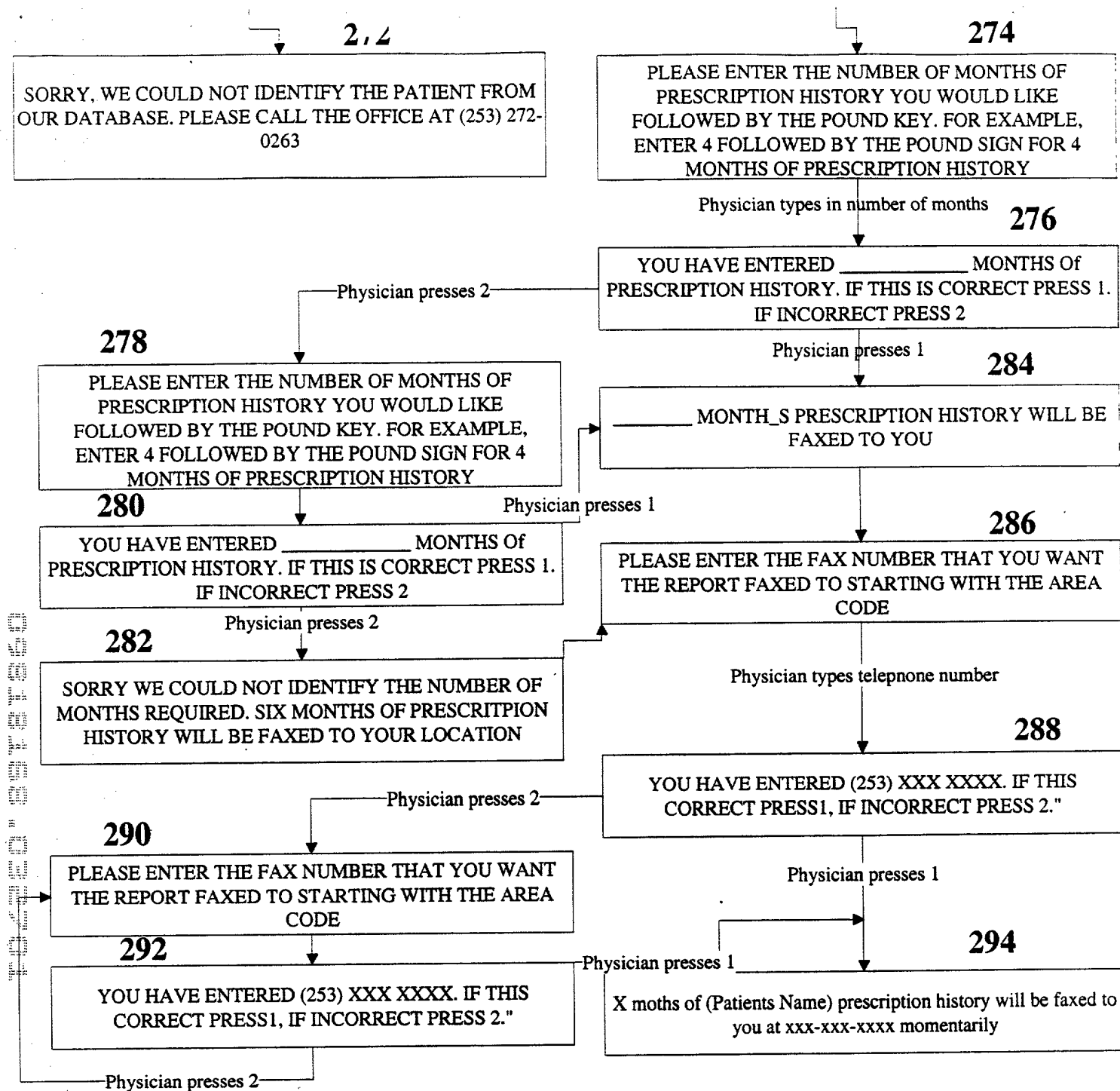


FIG. 5A



**FIG. 5B**

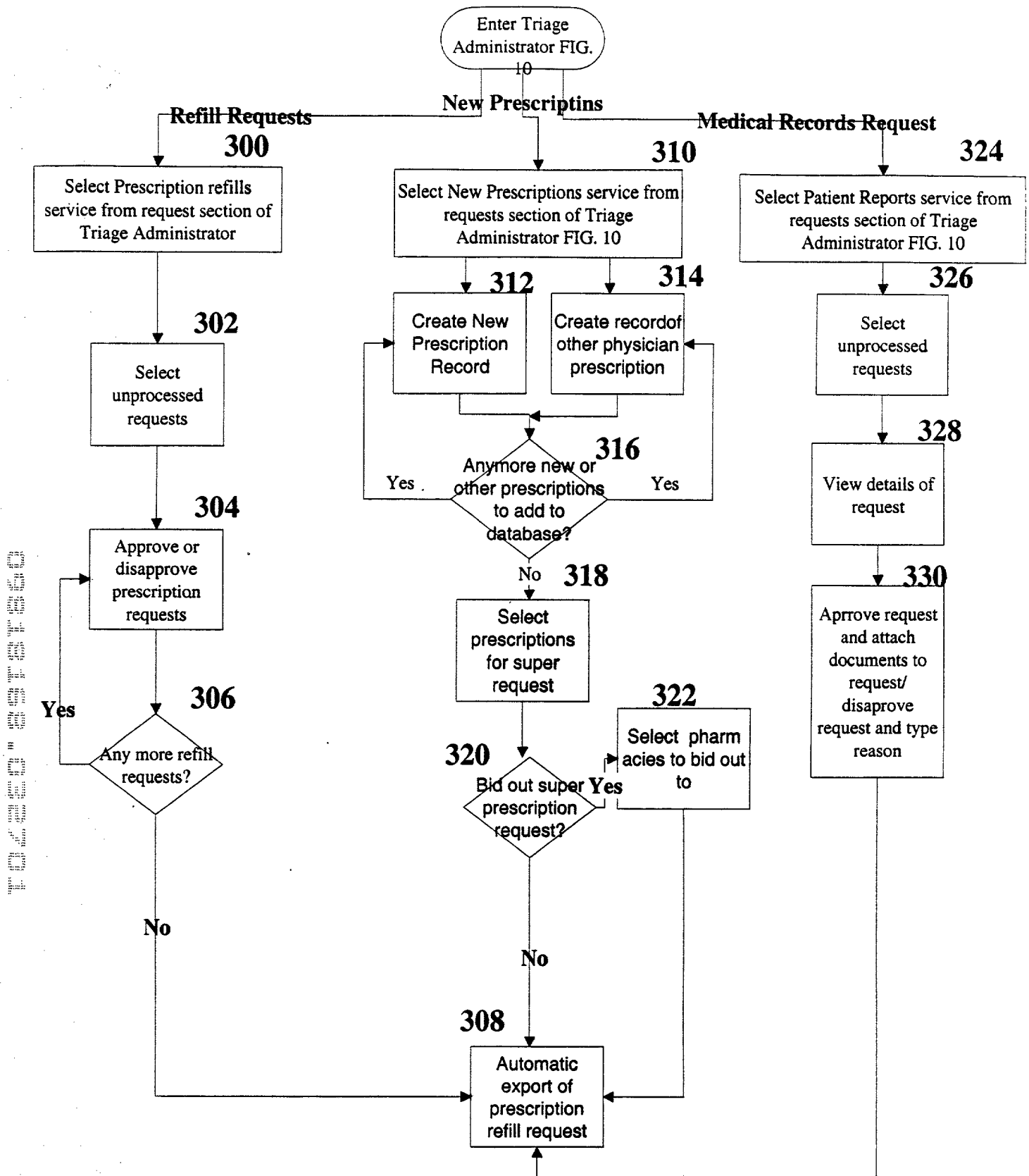
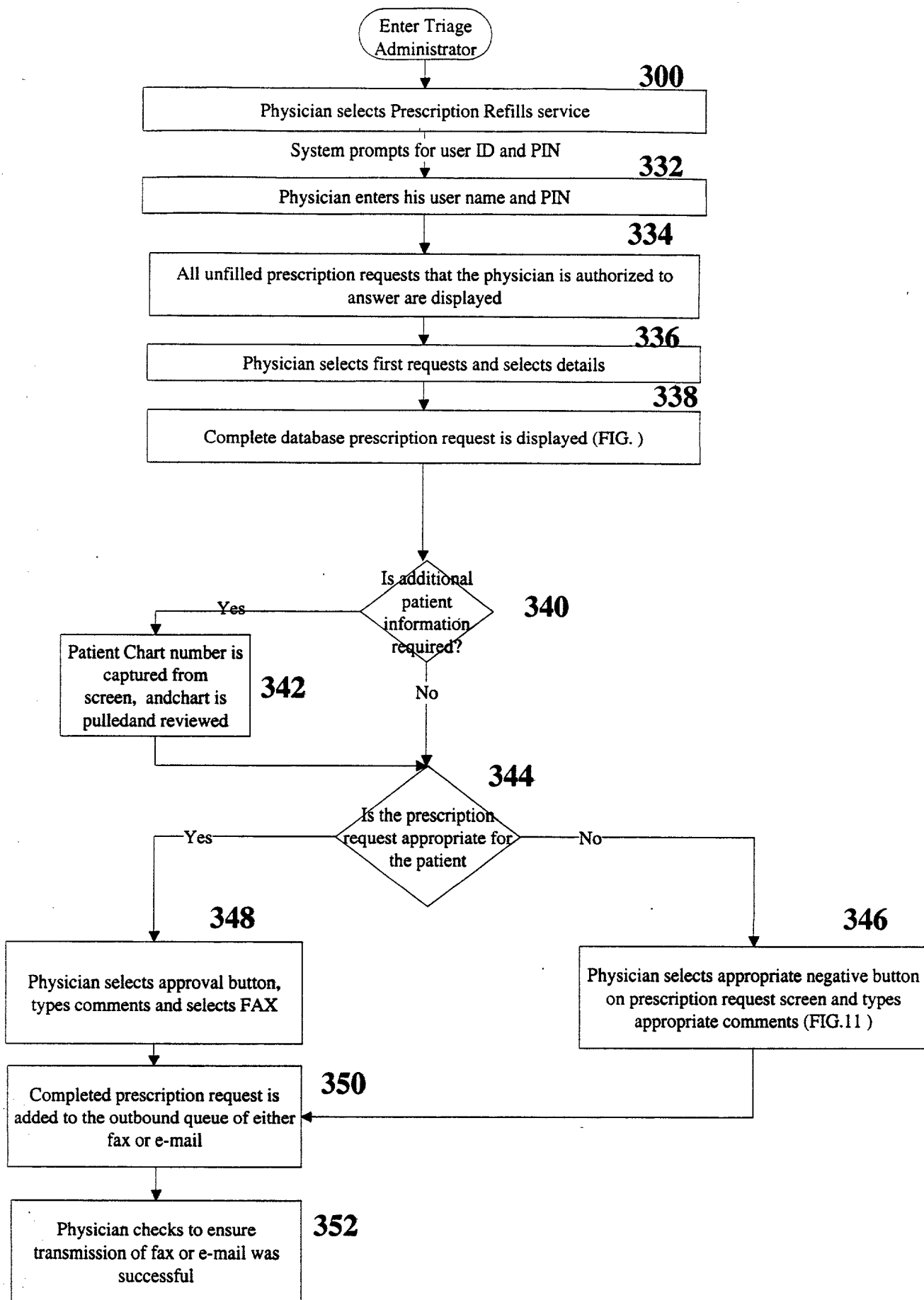


FIG. 6





**FIG. 7**

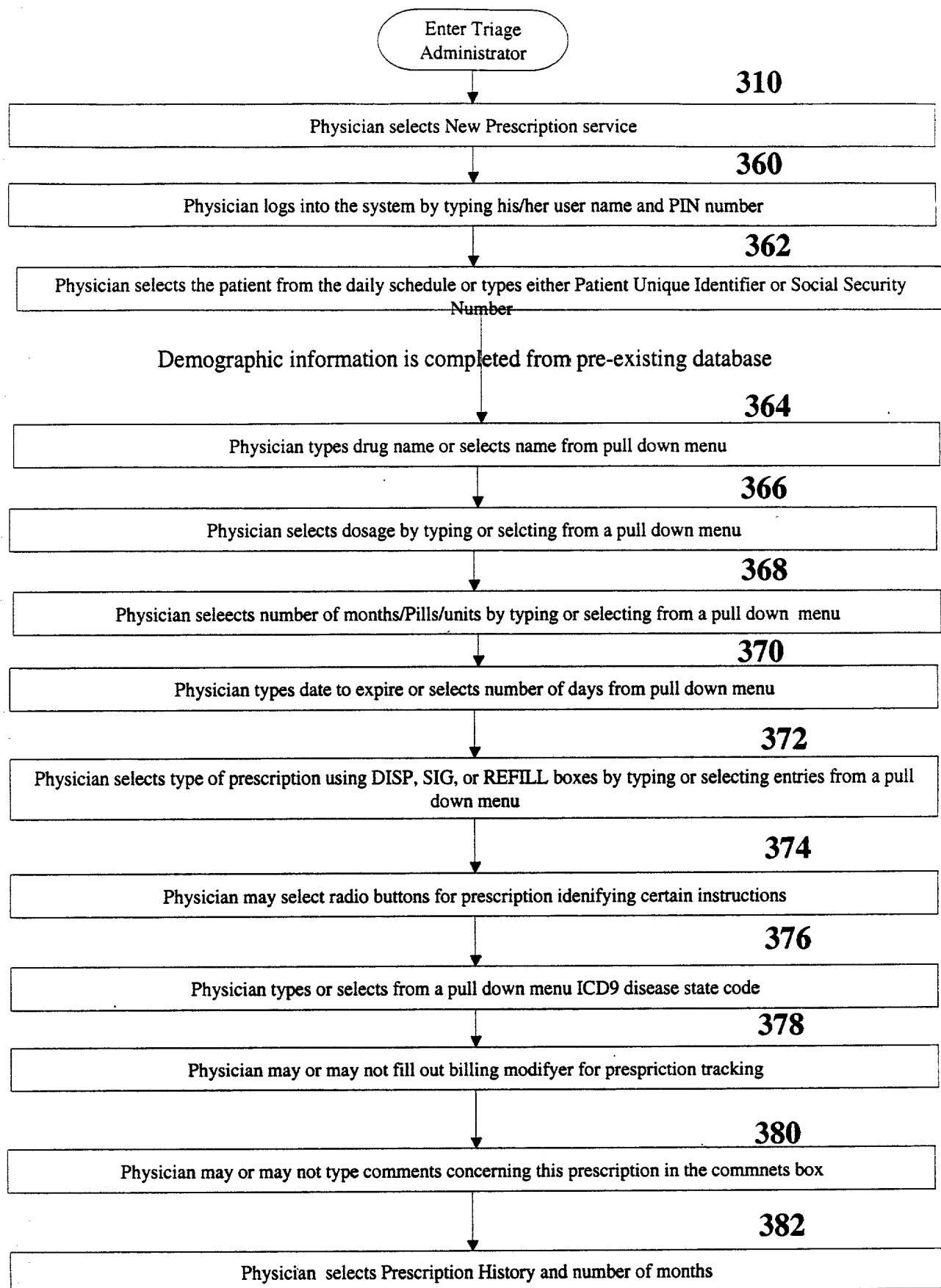
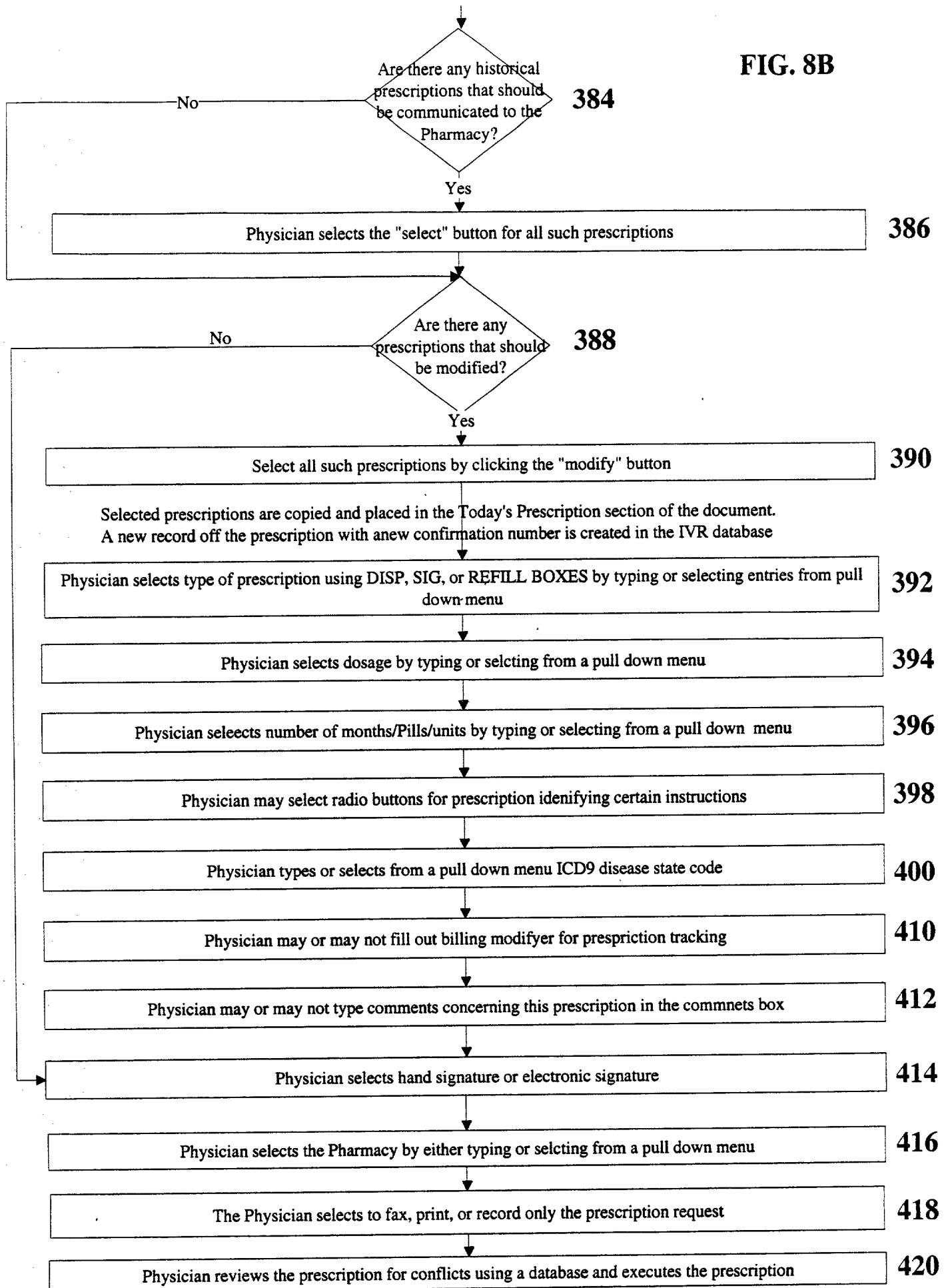
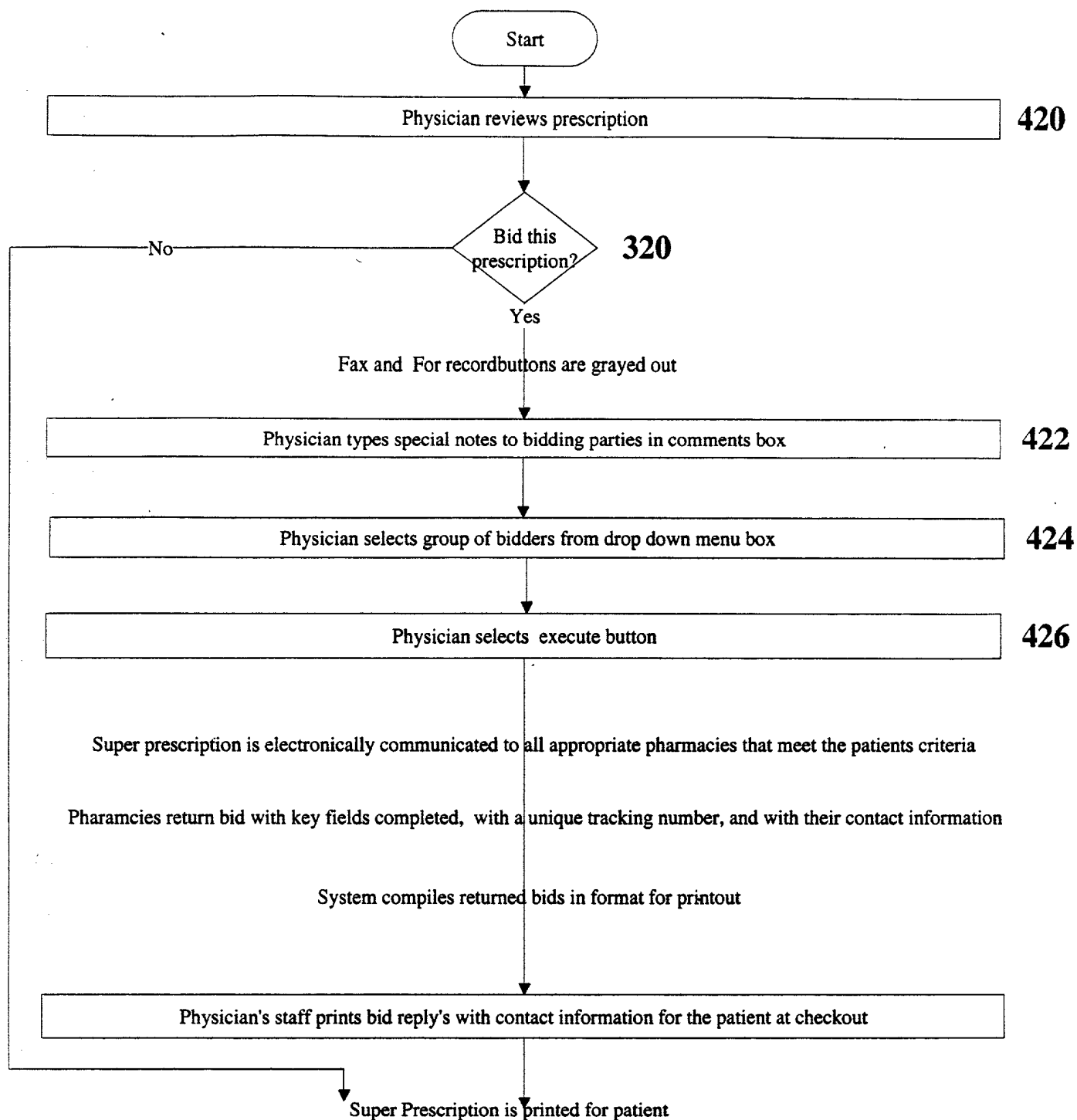


FIG. 8A

**FIG. 8B**





**FIG. 9**

# Internal Medicine Northwest's Automated Triage System

## Data Administration:

Doctor's Offices

Nursing Homes

Pharmacies

Physicians

Patients

Medication List

## Requests:

Prescription Refills

Patient Reports

Voice Mail

Fax Admin

Print Schedule

New Prescription



**THE WHITTIER GROUP**

*A Change Management Company*



FIG. 10

## Prescription Refill Request

(Details)

Confirmation Number: 00004083  
Date: 1999/12/05  
Time: 14:53:28  
Location: Chung Pharmacy  
Phone Number: 2535842484  
Fax Number: 2532725643  
Social Security #: 558-06-33  
Patient Name: Munoz, Michael  
wp#:   
Medication and Dosage: 250 MG \ CECLOR PULVULES  
Prescribing Physician: Munoz, David  
Quantity: 30  
Last Refill Date: 1999/09/01

☒ Processed

Fax Reply

Processing Staff:

Mike Munoz

Date: 1999/12/05

Time: 20:55:40

Comments:

- ☒ Approved  
☐ Patient must schedule an appointment  
☐ Patient is not on this medication or medication is not appropriate  
☐ Our physicians do not treat this patient  
☐ We will call you in reference to this request

Print

Done

FIG. 11

## Patient Report Requests

(Details)

Date 1999/12/05  
Time 22:13:16  
Report Type History and Physical  
Destination Type Nursing Home  
Destination Name Orchard Park East Wing  
Phone Number 313  
Fax Number 2532725643  
Patient Name SHELDEN, COLLEEN  
Social Security # 504285820  
wp # 66

☒ Processed

Print

Done

FIG. 12

# **Prescription Generator**

## **Patient**

First Name	Last Name	Social Security Number	Date of Birth	Patient Unique ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	State	Insurance
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	e-Mail			
<input type="text"/>	<input type="text"/>			

## **Today's Prescription**

Date to Expire	DISP.	SIG.	REFILL	Name of Drug	Dosage	Number of months/Pills/Units	NDCNumber	Substitution Permitted	Dispense as Written	May sub. Formulary Equivalent w Notification
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Comments						
				ICD9						

## **Prescription History**

Past ☐ Months Include Prescription History? ☐

Date to Expire	DISP.	SIG.	REFILL	Name of Drug	Dosage	Number of months/Pills/Units	NDCNumber	Substitution Permitted	Dispense as Written	May sub. Formulary Equivalent w Notification
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Comments						
				ICD9						

Date to Expire	DISP.	SIG.	REFILL	Name of Drug	Dosage	Number of months/Pills/Units	NDCNumber	Substitution Permitted	Dispense as Written	May sub. Formulary Equivalent w Notification
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Comments						
				ICD9						

Medical Practitioner

Pharmacy

Signature

Comments

Review  
Prescription

Execute

Bid Prescription?

Ph: (253) 272-5076  
After Hrs., (253) 272-4964  
Fax: (253) 272-5643  
Rx Refill: 627-8865 ONLY

Internal Medicine Northwest  
Frank S. Baker Center, Suite 304  
316 Martin Luther King Jr. Way, Tacoma, WA 98405

**FIG. 13**



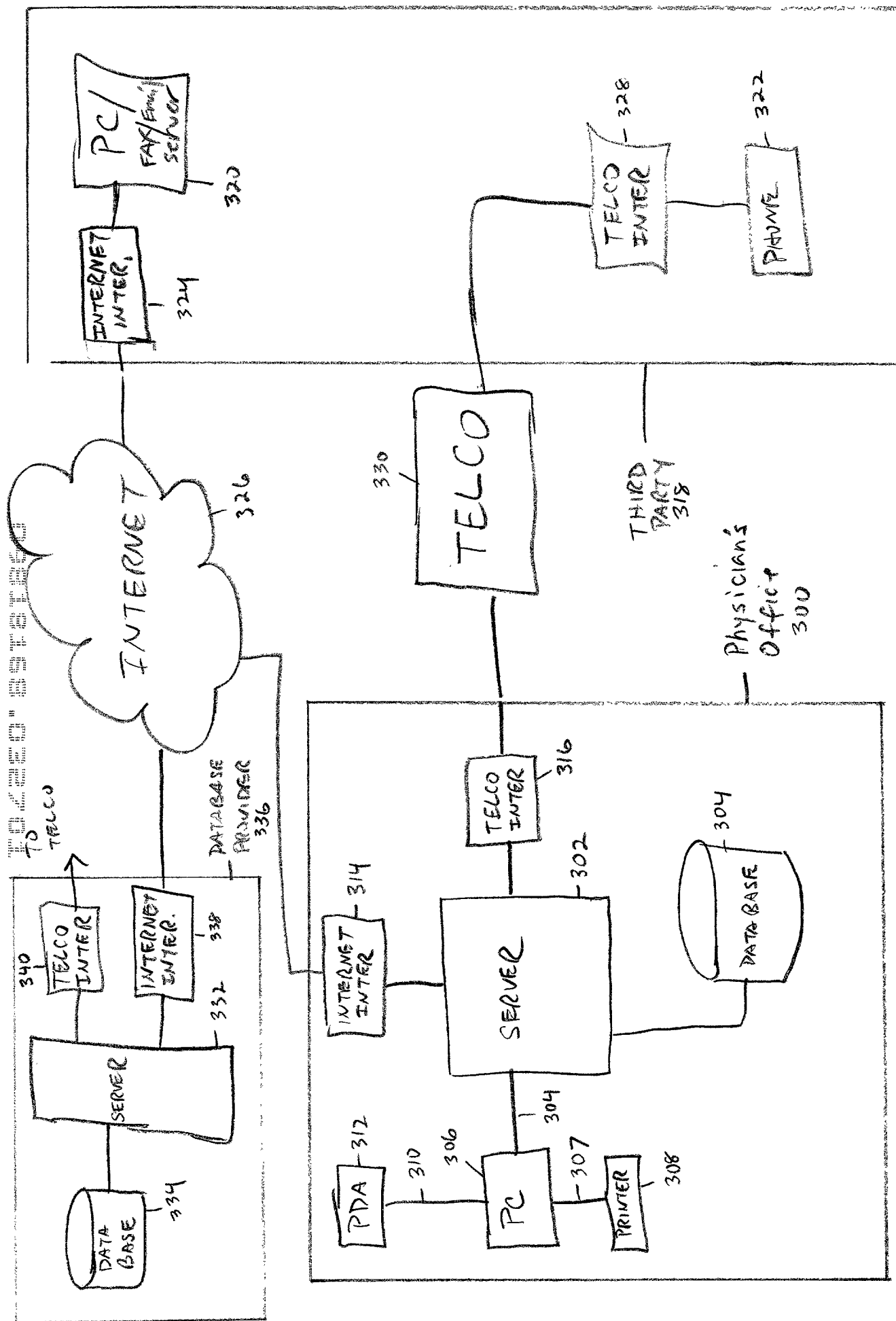


FIG. 14